



Department of Medical Assistance Services
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MEDICAID PROVIDER MANUAL UPDATE

TO: All Providers of Pharmacy Services participating in the Virginia Medical Assistance Program, Health Maintenance Organizations providing services to Virginia Medicaid recipients, and all holders of the *Pharmacy* Provider Manual

UPDATE: RX-01-04

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services

DATE: 12/22/04

SUBJECT: Update to Second Edition of the *Pharmacy* Provider Manual

The purpose of this memorandum is to notify you of changes to chapters II, IV, V, and VI of your *Pharmacy* Provider Manual. The attached table shows the changes to the manual. Please download the new pages to insert in your manual and retain the attached table.

The amendments to Chapter II: (i) update the requirements for certification of unit-dose dispensing; (ii) correct a reference to the Code of Virginia regarding when a Provider Agreement can be terminated; and (iii) delete the Provider Participation Agreement from the "Exhibits" section.

The amendments to Chapter IV: (i) update the chapter Table of Contents; (ii) include information on the Preferred Drug List (PDL) program; (iii) include information on the ePocrates Rx[®] Personal Digital Assistant (PDA) download; (iv) include information on the Clozaril monitoring fee; (v) include Levitra and Cialis under Specific Requirements for Individual Legend Drugs; (vi) include family planning products under Coverage of Specific Therapeutic Categories; (vii) update the information on durable medical equipment; (viii) update information regarding the Virginia Maximum Allowable Costs (VMAC) program; (ix) include the reimbursement rates for hemophilia blood factors; (x) include new HCPCS codes; (xi) update information on the coverage of weight loss drugs; (xii) update information on identifying the Medicaid Prescriber Identification Number; (xiii) eliminate information regarding pharmacy providers submitting claims on paper, diskette, or tape; (xiv) update the information on unit dose payment; (xv) include information on the reimbursement of the Flumist spray; (xvi) update the information on Qualified Medicare Beneficiaries (QMB); (xvii) eliminate the denial of payment of antitumor drugs used beyond acute treatment limits; (xviii) include information on the mandatory generic edit; (xix) include information on the Threshold/Polypharmacy program; (xx) include information on the Maximum Allowable Costs (MAC) program; (xxi) update the information on the Prospective Drug Utilization Review (ProDUR) codes; and (xxii) include the Virginia Medicaid Request for Drug Prior Authorization form (DMAS-178) under the "Exhibits" section.

The amendments to Chapter V: (i) update the chapter Table of Contents; (ii) update the co-payment amount for single source or "Brand Necessary" products; (iii) include additional coverage codes on the Third Party Liability (TPL) grid; (iv) update the billing instructions regarding the pharmacy claim form and its submission; (v) update the instructions for pharmacy billing for vaccines and service day rates for home I.V. services on the CMS-1500 Claim Form; (vi) update the HELPLINE telephone numbers; (vii) include billing instructions for the DMAS-174 Pharmacy Claim Form and delete the Daily Pharmacy Drug Claim Ledger Adjustment Form (DMAS-228) under the "Exhibits" section.

The amendments to Chapter VI: (i) update the chapter Table of Contents; and (ii) update the referrals address for Provider and Recipient Fraud notification and for the Client Medical Management Program.

Please review these changes carefully.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 800-884-9730 or 800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the Provider Column to find Medicaid and SLH Provider Manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet, or would like a paper copy of a manual, you can order these by contacting Commonwealth-Martin at 804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

"HELPLINE"

The "HELPLINE" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays, to answer questions. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long-distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid provider identification number available when you call.

Attachments: (1)

PHARMACY PROVIDER MANUAL
REVISION CHART
December 22, 2004

SUMMARY OF REVISIONS

MANUAL SECTION	MATERIAL REVISED	NEW PAGE NUMBER(S)	REVISED PAGE(S)	REVISION DATE
Chapter II	Entire Chapter II		Entire Chapter II	12/22/04
Chapter IV	Entire Chapter IV		Entire Chapter IV	12/22/04
Chapter V	Entire Chapter V		Entire Chapter V	12/22/04
Chapter VI	Entire Chapter VI		Entire Chapter VI	12/22/04

FILING INSTRUCTIONS

MANUAL SECTION	DISCARD	INSERT	OTHER INSTRUCTIONS
Chapter II	Old Chapter II	New Chapter II	
Chapter IV	Old Chapter IV	New Chapter IV	
Chapter V	Old Chapter V	New Chapter V	
Chapter VI	Old Chapter VI	New Chapter VI	